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A STUDY OF INTAKE OF THE NEW LONDON COUNTY
CHILD WELFARE SERVICES UNIT
OF THE CONNECTICUT DIVISION OF CHILD WELFARE
FOR THE PERIOD JULY 1, 1947 - JUNE 30, 1948

A Thesis

Submitted by

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(A.B., Syracuse University, 1927)

In Partial Fulfillment of Requirements for
the Degree of Master of Science in Social Service

1949

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CHAPTER I

THE PROBLEM OF THIS STUDY

Purpose of the Study

This thesis is a study of the New London County Child Welfare Services unit of the Connecticut Division of Child Welfare during the fiscal year July 1, 1947 through June 30, 1948. In its broad aspects it is a study of the role of a public agency which offers casework service to children in a rural community; a study of the needs of such a community for casework service and of the services which a public children's agency gives to meet these needs.

The primary purpose of the study was to learn the use the people of New London County made of Child Welfare Services and the services this particular agency gave to these people during the year 1947 to 1948. The problems studied were the very simple questions of what requests were made of the agency, by what route people came to the agency, and from what local communities they came. The final consideration of the study was the question of how the agency served those people who came to it for help. It is to be expected that a study of this kind would serve to point up some of the unmet needs of children in New London County.

For answers to these questions, the point of intake

was chosen as the chief and most illuminating source of information. It is here that the agency meets other social agencies, the community and the client. Individuals and agencies in the community see Child Welfare Services as the place to request certain services in behalf of children. The client who may not have come to the agency of his own initiative will need to be helped to recognize that the primary objective of Child Welfare Services is to maintain and improve the conditions of the child's own home, and with this recognition, be able to accept and use the service. The concept of a public welfare program operating to give casework service where needed without regard to race, color, religion or financial need is a relatively new one. Child Welfare Services is a public welfare service which is based on this concept and has been in operation in Connecticut since 1937, and in New London County since 1940.

During the early months of the program in New London County, the office was located in Stonington, Connecticut. In accordance with the policy of the United States Children's Bureau and the wording of the Social Security law stipulating that payment of part of the cost of Child Welfare Services be met by the local community, the provision of office space is the community's responsibility. In 1941 the Council of Social Agencies of the city of New London offered office space to Child Welfare Services which was better suited to the needs of the agency and accessible to a greater number

of people in New London County. New London has continued to be the base of operation for the county-wide program of Child Welfare Services.

The past fiscal year was chosen for study because it was the first year the agency had been staffed for the entire year with two full-time caseworkers, and it was the second full year of service since the end of World War II. No previous study of the agency program has been made. Behind the requests made of the agency is the picture of the people's knowledge and use of the agency.

There is need to define and analyze the function of Child Welfare Services if the needs of children are to be met and a well-rounded child welfare program is to be developed in a community.

Plan of the Study

To answer the questions posed, the writer considered it desirable to examine the historical background of public child-care in Connecticut and the relationship of the Child Welfare Services unit in New London County to the Connecticut Division of Child Welfare and to the United States Children's Bureau. The total child-care program in New London County and in Connecticut has had much bearing on the development and function of the Child Welfare Services program.

The study of the data based on intake applications for the fiscal year 1947-1948 comprises Chapter III. Questions one and two will be answered by a study of referral sources and requests made of the agency at the point of intake. Some interpretation of the significance of the facts will be presented. Chapter IV is a study of sources of referral and presenting problems of one particular service of the agency; i.e., case work with children in own or relatives' homes. A sample study of cases in this group will be presented in an attempt to show the intake situation and also to analyze further how the agency served the people who came for help. This study of intake and agency service will show relationships with other agencies and perhaps reveal some unmet needs of children.

The last chapter will summarize the findings of this study and present some conclusions.

CHAPTER II

HISTORICAL BACKGROUND

The History of Public Child Care in Connecticut

The methods used by the early colonists for providing for neglected and dependent children were in general the methods of apprenticeship and indenture which had been practiced in England under the Elizabethan Poor Laws. The code of 1650 in the Connecticut Colony showed an awareness of the need to provide proper care and training for children where there was parental neglect. This code specifically charged the selectmen of every town to have a vigilant eye over their brethren and neighbors, to see that none of their children or apprentices "shall suffer so much Barbarism" as not to read the English tongue and to know the catechism and the common law. In case the selectmen found that parental neglect continued after due admonition of the parents, they were authorized to take the children and place them with masters.¹

Neglect in the eyes of the early colonists was seen primarily as a failure to provide education and religious training to children. To remedy alleged growing neglect of

¹ Colonial Records of Connecticut, 1636-1665.
Code of Laws Established by the General Court - May, 1650,
p. 520.

proper religious training, the case of 1690 was more strongly worded. Under this law the grand jurymen in each town were authorized to visit once a year each family they suspected of violating this order, and if they found children not taught "as they are capable of", the names of such parents and masters were to be returned to the next County Court where they would be fined "unless it shall appear to the satisfaction of the Court that said neglect is not voluntary."²

Actually there was no change in the law in regard to neglected children until many years later, for while the language of the law was changed in the revision of 1750 in regard to "parents who could not provide competently", there was no change in the intent of the statutes, which was to place blame on the parent, nor in the provision for the care of children adjudged neglected. The law of 1750 was specific as to the length of the period of indenture, "males until they are twenty-one years of age, females until they are eighteen years."³

During the nineteenth century, with the rapid growth in population in the early days of Connecticut's statehood, neglected children were usually cared for in town almshouses,

2 Colonial Records of Connecticut, 1689-1706 - Code of Laws Established by the General Court - May, 1690, p. 30.

3 Acts and Laws of His Majesty's English Colony of Connecticut, 1750, p. 20.

and were not generally regarded as a State problem. The interest and concern about the extensive need of care for neglected and homeless children became aroused during the first half of the nineteenth century. In Connecticut the first private institution for such children came into the picture in 1819. It was called the Hartford Female and Beneficent Society, and its purpose was to care for "friendless and indigent little girls." These girls might, with the approval of the Hartford Judge of Probate, be bound out to suitable families until they married or became eighteen years old. The Hartford Orphan Asylum was founded in 1833 to provide for indigent boys, and these two institutions merged in 1865.⁴ The second institution to be established in Connecticut was the New Haven Orphan Asylum, founded by a group of women in 1833 for the "protection and education of destitute orphans." From its early days this institution was also engaged in the task of finding suitable foster homes for children.⁵ During 1833 and 1834, two other societies to care for children were incorporated. They were The Female Beneficent Association of Fairfield and the Orphan Asylum of Middletown.

4 Virginia T. Smith, "The History of Child Saving Work in Connecticut." National Conference of Charities and Correction, 1893, pp. 116-119.

5 Ibid., p. 118.

With the exception of these institutions, the care of neglected and dependent children in Connecticut continued to be the responsibility of the town selectmen, and such children were largely cared for in the town almshouses. The City Missionary Society of Hartford voiced objection to this practice, and in 1882 was instrumental in bringing before the legislature a petition asking that a law be enacted to prevent the further retaining of children in almshouses. As a result, a commission of five persons was appointed to inquire into the number of children in almshouses and also into the number and the condition of neglected, dependent and abused children in the state. This commission, the first of its kind in the state, reported that there were nearly five-hundred children in almshouses and between four to five-thousand children in the state who were neglected, dependent, and abused, and who needed the care and protection of the state.⁶ As a result of this inquiry, the legislature provided in 1883 for the establishment of five County Homes, and three more were established in 1884. It was planned that these County Homes would be small in size, and that after a period of temporary care, free foster homes would be found for the children committed for care. The early sponsors of the County Homes planned that the children would

⁶ Virginia T. Smith, Conference of Charities and Correction, 1885, "Work of Temporary Homes and of Finding Homes for Children in Connecticut," pp. 212-215.

mingle freely in the community and attend the local public schools. Even in the first two years of County Homes in Connecticut, there is reported a recognition of the difficulties encountered in depending on interested individuals to locate suitable foster homes. Mrs. Virginia T. Smith wrote at the end of two years of the County Home plan:

If you would not meet with unpleasant results and disheartening failures and thus go back to the belief that after all institutional life may be best for these children, the placing of a child in a true home is a task that requires prayer and direction as well as some natural capacity to do the work.⁷

While these County Homes were intended to provide temporary care, actually they increasingly became more or less permanent for many children. During more than three-quarters of the time they have existed, lay people tried to place out children on a free basis and provide supervision for them.

In the beginning there were three ways by which children might be committed to the County Homes. The overseers or selectmen might commit children at the expense of the town, the Town Courts might commit with the expense borne by the state, or private persons or societies might place children at their own expense. Increasingly the burden of cost fell upon the state, as the towns were reluctant to assume the responsibility. In 1887 Mrs. Virginia T. Smith, who had been an ardent believer in local responsibility,

7 Virginia T. Smith, op. cit., p. 118.

wrote:

Experience has demonstrated . . . that service rendered through the medium of the broadest government is more efficient, humane and satisfactory than through the narrower and more conservative channels of the towns.⁸

We see in this statement, made in 1887, an acknowledgment, reluctant, it is true, of the inadequate facilities of local governments, especially in small communities, to provide suitable care for children.

In 1910, an addition to the New Haven County Home was finished, providing care for two-hundred children and for their education to be carried on within the institution. In a report to the National Conference of Charities and Correction, Mr. Charles T. Kellogg commented that "the supposed advantage of the new plan is open to doubt."⁹

In response to the growing concern about the care of dependent and neglected children, a commission of the State Legislature was appointed in 1919. This commission submitted a lengthy report of its studies, pointing out the problem of long institutionalization of children in County Homes and the weaknesses in the existing system of "town visitors" who were responsible for placement and supervision of children. In many instances children were placed and not visited for

8 Virginia T. Smith, Conference of Charities and Correction, 1887, "The Economy of the State in the Care of Dependent and Neglected Children."

9 Charles T. Kellogg, National Conference of Charities and Correction, 1910, p. 566.

long periods, and "town visitors" had died or moved from the community. The commission also reported that

"Taking the state as a whole, far too little attention is given to the effort to accomplish the ideal solution of the child problem, namely the rehabilitation of the original home. As far as public agencies are concerned, almost no work of this sort is done on account of lack of appropriate facilities and the absence of recognition of the principle."¹⁰

This report led to the establishment in 1921 of a Department of Public Welfare to replace the State Board of Charities. Under this department were organized two bureaus, one to be known as the Bureau of Adult Welfare and one as the Bureau of Child Welfare, the latter to be under the direction of a Commissioner of Child Welfare. The law of 1921 stated that the Bureau of Child Welfare should cooperate with the County Commissioners in the placing of children in homes suitable for their care and protection, thus providing the services of trained personnel for the placing out and supervising the care of children committed to the County Temporary Homes. Since children under four years could not be committed to the County Homes and were the responsibility of the selectmen if they were in need of care, this law provided that selectmen placing such children should immediately notify the Commissioner of Child Welfare, and the Bureau of Child Welfare would place these children and

¹⁰ Report of the Commission on Child Welfare, 1920, p. 7.

supervise their care in suitable foster homes.¹¹

The next change of the law regarding neglected, dependent and uncared-for children in Connecticut occurred in 1933 and is the law under which the present public child-care program operates. This law was passed following a report in 1932 of a Legislative Commission on Child Welfare, and served chiefly to expand the then-existing program and to fix responsibility for the care of children under six years of age with the Commissioner of Welfare, rather than with the local selectmen, providing that the state should pay seven-tenths of the cost of care and the town of legal settlement pay three-tenths of the cost.¹²

In brief, the present public child-care program in Connecticut provides for the commitment of neglected and uncared-for children, who are over six years of age and physically and mentally normal, to the County Temporary Homes. Children under six who are neglected are committed to the State Commissioner of Welfare. Foster home care is provided for both of these groups of children by the staff of the State Division of Child Welfare, operating through four district offices. All commitments are made by the Juvenile Court on the basis of investigations and reports submitted by the Division of Child Welfare.

11 Connecticut Public Acts 1920-1921, Chapter 307, Sections 1, 2, 4, 8 -- pp. 3324-3327.

12 Sec. 1922 as amended by Sec. 725c and 604e of the General Statutes.

Table I is presented to show the number of neglected children under the care of the Division of Child Welfare in each fiscal year during the period from 1933 to 1947.

TABLE I

NEGLECTED CHILDREN UNDER SUPERVISION OF
DIVISION OF CHILD WELFARE

Fiscal Year - July 1, to June 30	State Wards	County Wards	Total	Children in County Homes
1933-34	327	1788	2115	954
1934-35	668	1835	2503	931
1935-36	940	1929	2869	860
1936-37	1096	2088	3184	851
1937-38	1247	2137	3384	815
1938-39	1361	2352	3713	736
1939-40	1408	2519	3927	661
1940-41	1460	2581	4041	658
1941-42	1497	2610	4107	545
1942-43	1542	2574	4116	570
1943-44	1555	2588	4143	548
1944-45	1510	2531	4041	518
1945-46	1630	2406	4036	545
1946-47	1726	2421	4147	544

The Development of Preventive Service to Children as a Responsibility of Public Welfare

The provisions for child welfare services under Title V, part 3, of the Social Security Act, reflected the interest and concern which had developed over a period of years regarding the need for Federal aid for services to socially handicapped children. The 1930 White House Conference on Child Care and Protection stressed the lack of state-wide provisions, especially in rural areas and small towns, for dealing with children's problems at their sources before homes are broken up and children separated from parents and relatives. The Conference declared that every child in special need has a right to service from a public welfare organization, and recommended that Federal grants-in-aid be made available to the areas most in need of such service to children, and least able to provide it.¹³

The Social Security Act recognized the special needs of children as an integral part of a broad, economic, social program by making provisions for Aid to Dependent Children, Maternal and Child Health Services, Crippled Children's Services and Child Welfare Services. The responsibility for administration of Aid to Dependent Children was placed in the Social Security Board, and that of the other three

¹³ Mary Irene Atkinson, "Child Welfare Services," Annals of the American Academy of Political and Social Science, Phila., March 1939, p. 83.

services for children in the United States Children's Bureau, then under the Department of Labor.¹⁴

On February 1, 1936, funds became available and the provisions of the Social Security Act were put into operation. Under Title V., part 3, of the Social Security Act, an appropriation of \$1,500,000 was authorized "for the purpose of enabling the United States, through the Children's Bureau, to cooperate with the state public welfare agencies in establishing, extending and strengthening, especially in predominantly rural areas, public welfare services for the protection and care of homeless, dependent and neglected children, and children in danger of becoming delinquent." In August 1946, the annual appropriation was increased to \$3,500,000. Emphasis was placed on the extension of activities in rural areas. A uniform allotment of \$20,000 annually was made available to each state with the remainder of the appropriation allotted to the states on the basis of the ratio of the rural population of the state to the total rural population of the United States.¹⁵ Wide latitude has been given the states for the development of plans that would best carry out the broad purpose of the act. The language of the act did

14 Under Plan #2 Reorganization Act, July 1, 1947, United States Children's Bureau became a part of Social Security Agency.

15 "Public Social Services to Children", Child Welfare Report No. 1, April 1946. Federal Security Agency, Social Security Administration, United States Children's Bureau, p.3.

not restrict the kinds of service that might be given through the use of Child Welfare Service funds. The limitations were in the amount of money available. In the development of general policies for the administration of the funds by the Children's Bureau, a regulation was established whereby a state could not expend these funds for care of children in boarding homes or institutions other than purely emergency care.

Connecticut was fortunate in having an established framework for the administration of Federal Child Welfare Services funds. In August 1937, the first unit of Child Welfare Services was opened and shortly after that three more rural counties were being served. Federal funds, administered through the Office of the Commissioner of Welfare, have been used to pay the salaries of two social workers and one clerical worker in each county unit.

New London County is comprised of twenty-one towns. Of these, only Norwich and New London, with population figures of approximately thirty-thousand each, are classified as cities, and have casework services which are privately supported. Each of these cities has a small private Family Agency and a district office of the state-wide Diocesan Bureau of Social Service. A district office of the Connecticut Children's Aid Society, a private child-placing agency, is also located in New London.

Agencies which offer casework service throughout

New London County as part of a state-wide program are the Connecticut Humane Society, a private protective agency, the State Bureau of Mental Hygiene, which is a traveling child-guidance clinic, and the Division of Child Welfare and Division of Public Assistance, the latter two agencies having a district office in Norwich.

The Division of Crippled Children is a State health service offered through the medium of a traveling clinic. Maternal and child health services are provided for pre-school children in New London County. Most of the local communities employ school nurses. The Juvenile Court is a state-wide agency with a district office in Norwich.

These are the agencies with which Child Welfare Services cooperates in providing casework to families and to children. In the next two chapters the writer will attempt to show the nature of the services rendered by the New London County Child Welfare Services unit; first through an analysis of intake, and second, through a study of case material.

CHAPTER III

ANALYSIS OF INTAKE OF NEW LONDON COUNTY CHILD WELFARE SERVICES FOR YEAR 1947 - 1948

The Collection of Data

The main source of the data for this chapter was collected from the intake reports for the period July 1, 1947, through June 30, 1948. On this report is placed the identifying information, the presenting problem, and the person or agency making the referral. Since the Child Welfare Services program is a public service, available to any child under the age of twenty-one years who is in need of casework help, every contact of the agency lends more to this study and is therefore reported. This includes all referrals which later may be in the category of "No case made." In this group were those cases which were found to be active with another agency, those which did not fall within the function of Child Welfare Services and were immediately referred to another agency, and those persons who did not wish to accept help from the Child Welfare Services worker. Of the two-hundred-and-five applications in 1947-1948, twenty-one were not-made cases.

The receptionist records the general type of problem reported by the client or the referring person. At times

the problem is fairly fully expressed at the point of intake, and at other times it is only briefly reported. There has been no attempt, in this analysis of total intake, to study in the development of the cases the additional problems discovered in the course of casework study and diagnosis. The presenting problem holds for this study, since it is important to know how the client and the community use this agency, and for what services they look to it for help.

The classifications developed for service requests were arrived at through the application data. Since the services of the agency fall generally into three broad categories, these were kept in mind in the initial classification. These general categories are as follows: casework with children in their own homes, licensing and supervision of independent boarding homes, and the study of independent adoptions for the Probate Courts.

Table II shows the total number of requests made at intake, and shows the services of the agency in its broad categories. Table III shows the requests at intake in percentage.

TABLE II
REQUESTS MADE AT INTAKE IN NEW AND REOPENED CASES IN
NEW LONDON COUNTY CHILD WELFARE SERVICES

Service Requests	New Cases	Reopened Cases	Total
For help with personal inter-relationships	Total <u>63</u>	<u>13</u>	<u>76</u>
In marriage			
Marital problems	6	1	7
Alcoholic partner	1		1
Inadequate support	3	2	5
In parent-child relationships			
Neglect of children	3	1	4
Behavior of children	10		10
Health of children	10	4	14
Planning for children	30	5	35
For license to board children independently	Total <u>33</u>	<u>3</u>	<u>36</u>
To place children independently	Total <u>7</u>	<u>1</u>	<u>8</u>
To supervise children in licensed homes	Total <u>14</u>	<u>1</u>	<u>15</u>
To supervise children in relatives' homes	Total <u>5</u>		<u>5</u>
To investigate relatives' homes	Total <u>3</u>		<u>3</u>
To make study of independent adoptions	Total <u>46</u>		<u>46</u>
To report on Out-of-Town Inquiries	Total <u>12</u>	<u>1</u>	<u>13</u>
To give information	Total <u>3</u>		<u>3</u>
Grand Total			<u>205</u>

TABLE III
REQUESTS MADE AT INTAKE IN PERCENT

Service Requests	Percent of Caseload
For help with personal inter-relationships	37.0
For license to board children independently	17.6
To place children independently	3.9
To supervise children in relatives' homes	2.5
To supervise children in licensed homes	7.3
To investigate relatives' homes	1.5
To make study of independent adoptions	22.4
To report on Out-of-Town Inquiries	6.3
To give information	<u>1.4</u>
Total	99.9

The largest number of service requests were found to be in the category of help with personal inter-relationships. These included problems in marriage and problems in parent-child relationships and constituted thirty-seven percent of the intake, or seventy-six cases. Of these, sixty-three cases were new to the agency and thirteen were reopened cases. Altogether there were thirteen requests for help in some marital friction which was affecting the lives of chil-

dren in the family group. In the group representing requests for help with parent-child relations, there seemed to be four general types of requests. There was a total of sixty-three such requests for service, of which fifty-three were new cases and ten were reopened cases. Cases of suspected neglect of children were included in this category. The number of referrals of this type was small, since the Connecticut Humane Society is the authoritative agency to which most of the neglect cases are referred. Behavior problems of children include runaways, truancy, and problems of definite friction with parents, school or community.

Cases involving health problems of children were included in this general category, and constituted a total of ten new cases and four reopened cases. The agency has a close working relationship with the State Division of Crippled Children, and with the Division of Maternal and Child Health, and both of these agencies are alert to the social problems which coincide with health problems. Referrals of this nature are carefully planned, and made with excellent interpretation to the parents. Requests for help in planning for children constituted the largest number in this general category, and included such situations as need for help in securing institutional care, special grade placement, planning in cases of separated parents, and more generalized problems where planning for use of community resources was indicated. In this group were thirty new cases and five cases previously

known to the Agency. It must be recognized here that other cases came to the Agency for help with such planning, but expressed their need in some other way.

The second largest number of requests for service came from the Probate Courts as requests for study of independent adoptions. Under Connecticut law, every adoption petition filed in Probate Court must be referred to a recognized children's agency for investigation and a report of such investigation submitted to the Court. A total of forty-six such requests were made during the year under study, or 22.4 percent of the total intake. Adoption statistics for the State show that Child Welfare Services and the Division of Child Welfare share about equally this responsibility in New London County. It should be clearly understood that Child Welfare Services does not place children in adoption as part of its function, and that these adoption studies are a service to the Court in helping to carry out a responsibility to protect children from being placed in undesirable adoptive homes by parents or other individuals.

Another responsibility which is shared by Child Welfare Services and the Division of Child Welfare is that of receiving applications for a license to board children on an independent basis. Such applications constituted thirty-six requests, or 17.6 percent of the total intake. This service, too, is based on the Agency's responsibility to implement the Connecticut law which makes it necessary to

obtain a license to board any child under the age of sixteen who is not a blood relation. Going hand in hand with this service to children is the service of supervision of those children placed independently in licensed homes by parents or other individuals. These cases totaled fifteen, all but one new, or 7.3 percent of the total requests for service.

Foster home placement of children in New London County is the function of the Division of Child Welfare, the Connecticut Children's Aid Society, and the Diocesan Bureau of Social Service. It is therefore the policy of Child Welfare Services to refer persons requesting placement to one of these agencies. However, because of the policies and certain limitations of these agencies, particularly with regard to accepting children for short-time or emergency placement, a small group of such cases were served by Child Welfare Services. During the year studied, they were eight in number, and constituted 3.9 percent of the service requests. The Agency's knowledge of foster homes independently licensed made this plan feasible, and provided a resource for children which is not otherwise provided in the community.

Since Child Welfare Services is a public agency, it is the resource used by other public agencies to report out-of-town inquiries, which are concerned with persons with whom the agency has usually had no previous contact, and will not maintain any continuing contact. Out-of-town

inquiries constitute those requests from agencies located out of Connecticut and outside of New London County. These requests were for the purpose of contacting relatives or references with regard to adoption matters, or to interpret the interest of the referring agency in planning for a child. Thirteen such requests were made, or 6.3 percent of the total intake.

Agencies which use Child Welfare Services to safeguard children by requesting an investigation of a relative's home, and supervision of children so placed, are chiefly the Juvenile Court and the State Farm for Women. Three requests to investigate a relative's home before making a placement plan were received, and five requests to supervise children so placed were received.

Requests for information were from three individuals who turned to the Agency for information about the adoption laws or other matters pertaining to resources for children.

Thus it is shown that the people of New London County turn to Child Welfare Services for a wide variety of problems concerning both children and family life. The largest number of problems as they were expressed at intake concern personal relationships with others. This Agency is known to the community as a service agency with its focus on the well-being of children. Some of the families served, it is true, were in need of financial assistance, and were helped to secure

this through the proper channels, but it is significant of the community's knowledge of the Agency as being able to offer casework service, and having no funds for financial assistance, that two-hundred-and-five persons applied or were referred to the Agency for help with their problems.

For the purpose of examining the extent of the growth of Child Welfare Services since its first year of operation in 1940, a brief survey of the intake of that year was made. During the year of 1940 a total of seventy-one cases was referred. Of these, forty-four were referred by local public officials, thirteen by State Health and Welfare Agencies, and the remaining fourteen by private agencies and individuals.

Although a study of the case material for the year 1940 was not within the scope of this thesis, the presenting problems in the seventy-one cases referred in that year were examined. Twenty-one of the cases were referred on the basis of neglect of children. Nine were requests for assistance in placement of children in the State Institution for Mental Defectives. These were overt problems, and were of immediate concern to the community. Thirteen cases were referred because of behavior problems of children, and seven requests were made for assistance in securing help in connection with health problems. The remaining twenty-one cases were those involving investigation of relatives' homes and supervision of children placed by parents or local officials in licensed

boarding homes.

The examination of this material indicated that there has been a large increase in the number of requests for Child Welfare Services since its first year of operation. It also indicated a much wider range of sources of referral in the year 1947-1948, and a greater awareness on the part of the community in its use of the Agency for case-work services as a means of preventing family breakdown.

The Sources of Application in the Fiscal Year 1947 - 1948

In order to answer the general question of how the client found his way to the Agency, an analysis was made of the source of application of the new and reopened cases during the year under study. The understanding that other agencies and individuals have of Child Welfare Services is an important aspect of the agency's place in the community. The sources of referral are tabulated in Table IV.

Because of the close working relationship between Child Welfare Services and the other State Health and Welfare Agencies serving New London County, it was not surprising to find that thirty-three cases were referred to Child Welfare Services by other State agencies for a variety of reasons.

The forty-six cases referred by the Probate Courts were for the purpose of studying and reporting on adoption petitions. That the Juvenile Court referred only eight cases may be seen as an indication that insufficient interpretation of Child Welfare Services has been given to that Agency, or that family breakdown may have been too far advanced at the point at which the family came before the Court for any case-work on a preventive level to have been effective. A further exploration of this problem would seem to be indicated, but is beyond the scope of this study.

Private agencies referred a total of eleven cases which were either beyond the area served by those agencies

or were felt to be cases needing the services of a public agency focused on children's problems.

Local officials, schools, and local health agencies referred twenty cases. The small number of children referred directly by the schools would seem to indicate a need to develop a closer relationship with school personnel, since these people are in a unique position to detect problems in a child's adjustment at an early stage. It is true that the schools are familiar with and do use the services of the State Bureau of Mental Hygiene and the limited consultation service of the State Department of Education Rural Visiting Teacher.

Out-of-town inquiries comprised thirteen referrals.

A total of seventy-four cases are tabulated as having come to the Agency either voluntarily or through referral by some individual. The greatest number of these, thirty, are designated as self-applications.

The next largest group of referrals by individuals was fourteen cases referred by attorneys. It is significant that such a large number of people in trouble were seen by the legal profession as being in need of casework service rather than legal help.

The third largest source of referrals by individuals was twelve cases referred by licensed foster mothers. Some of these cases were those of children placed by parents in these foster homes and were routinely reported to the Agency.

Others were families known to these foster mothers as being in need of help with their problems.

The remaining cases were brought to the attention of the Agency by neighbors, relatives, and other individuals in the community who saw the Agency as a place for help for children.

TABLE IV

SOURCES OF REFERRAL
TO NEW LONDON COUNTY CHILD WELFARE SERVICES

Sources	Total of Caseload
<hr/>	
Agencies and Organizations	
State Health and Welfare Agencies	<u>33^a</u>
Division of Child Welfare	13
Division of Crippled Children	6
Aid to Dependent Children	4
State Farm for Women	5
State Board of Education for Blind	1
State Hospital for Mental Defectives	1
State Police	3
Courts	<u>54</u>
Juvenile Court	8
Probate Court	46
Private Agencies	<u>11</u>
Connecticut Children's Aid Society	3
Associated Charities	4
Council of Social Agencies	1
American Red Cross	1
Lawrence Hospital	2
Local Public Officials	<u>20</u>
Out-of-Town Inquiries	<u>13</u>

a All underlined numerals in this table are totals which added together determine the grand total at the end of the table.

TABLE IV (Continued)

Sources	Total of Caseload
Individuals	<u>74</u>
Employer	2
Attorney	14
Self-Application	30
Boarding Mother	12
Doctor	2
Relative	4
Neighbor	4
Landlady	1
Newspaper	2
Anonymous	2
Housekeeper	1
Grand Total	<u>205</u>

CHAPTER IV

CASEWORK SERVICES TO CHILDREN IN OWN OR RELATIVE HOMES

In this chapter the services offered by the Agency to children who are still living within the family group will be studied. Any casework service which will extend, strengthen, or develop the existing Child Welfare Program in Connecticut is the broad function of the Child Welfare Services. The Agency serves children in New London County by carrying out the responsibility for them through licensing independent boarding homes, supervising children in these homes, arranging temporary foster home care, investigation of relatives' homes for children, and study of independent adoption placements.

One of the particular responsibilities of Child Welfare Services since its inception has been to offer casework services to families and to children within the family group who need such service. Acceptance of this responsibility on the part of Public Welfare agencies is an expression of the conviction that the best plan for a child to develop is in his own home. It is this particular aspect of the Child Welfare Services program which will be studied in this chapter in an effort to evaluate those factors which may present hazards to family life, and to determine how the Agency served those families who were in need of help.

For the purpose of this study, the forty-eight cases

of children in own or relative homes who became known to the Agency in 1947-1948, and who received service of more than one interview, have been abstracted. They are classified according to the source of referral, the presenting problem at intake, and the town of residence in New London County. Tables tabulate this information. Any attempt to classify each case by its presenting problem results in oversimplification. Several individuals comprise the family group, each inter-acting on the other, with the result that focus of treatment may be shifted to meet most effectively a changing pattern. Gordon Hamilton emphasizes the shift of diagnosis and focus of treatment by saying:

We must realize that diagnostic thinking, or the drawing of purposeful inferences, begins with the first interview and observations, and continues throughout the case. All diagnostic skill rests on knowing what to look for, what to disregard, and how to review our findings in the light of subsequent data. No interpretation of the living event can be final, no diagnosis can be complete.¹⁶

However, for purposes of this study, the presenting problem will hold as the one with which help is requested. Of these forty-eight cases which represented a need for some continuing service to the families during the year, twenty-one have been selected for case study. The method of selection was a random sampling based on the first application of the calendar month from the case loads of each of the two workers in the Agency. During three calendar months, no request for

¹⁶ Gordon Hamilton, Theory and Practice of Social Case Work (New York: Columbia University Press, 1940) p. 139.

service to children in own or relative homes was received.

Thirty-nine of the forty-eight cases served were classified as problems of personal inter-relationship. Of these, nine were marital problems and thirty were problems of parent-child relationship. Three cases were classified in the category of supervision of children in relative homes, and six were for supervision in their own homes. All but one of this latter group were referred for a period of supervision and study by the Juvenile Court or other agencies. The child's problem is a family problem, and we cannot treat the child without understanding the family. Through educational and counselling programs, and understanding work with parents in meeting the needs of their children, the child's home may be strengthened.

TABLE V

SOURCES OF REFERRAL OF CHILDREN IN OWN OR RELATIVE HOMES

Agencies and OrganizationsState Health and Welfare Agencies Total ... 13

Division of Child Welfare	2
Division of Crippled Children	2
Aid to Dependent Children	2
State Farm for Women	2
State Board of Education for Blind	1
State Hospital for Mental Defectives	1
State Police	3

Court Total 2

Juvenile	2
----------	---

Private AgenciesTotal 4

Associated Charities	1
American Red Cross	1
Lawrence Hospital	2

Local Public Officials Total ... 10

Schools	1
School Nurse	6
Selectmen	3

Individuals Total ... 17

Self	6
Attorneys	4
Relative	3
Doctor	1
Landlady	1
Out-of-Town Inquiry	1
Boarding Mother	1

Grand Total 48

TABLE VI

SOURCES OF REFERRAL OF CHILDREN IN OWN OR RELATIVE HOMES
IN PERCENT

SOURCES	PERCENT OF CASELOAD
Agencies and Organizations	
Division of Child Welfare	4.2
Division of Crippled Children	8.3
Public Health or School Nurse	12.5
Juvenile Court	4.2
Hospital	4.2
State Police	6.3
State Board of Education for the Blind	2.0
Aid to Dependent Children	4.2
American Red Cross	2.0
Selectmen	6.3
Associated Charities	2.0
State Farm	4.2
School	2.0
Mansfield State Hospital for the Mentally Defective	2.0
Individuals	
Attorney	8.3
Self	12.5
Relative	6.3
Doctor	2.0
Landlady	2.0
Out-of-Town Inquiry	2.0
Boarding Mother	2.0
TOTAL	99.5

TABLE VII
RESIDENCE OF FAMILIES AT TIME OF REFERRAL
TO CHILD WELFARE SERVICES

TOWNS OF REFERRAL	NUMBER OF FAMILIES
Groton	18
New London	7
East Lyme	5
Waterford	4
Old Lyme	3
*Deep River	2
Ledyard	2
North Stonington	2
Colchester	1
Lebanon	1
Lyme	1
Stonington	1
Voluntown	1
TOTAL	48

* Deep River is one of three towns in Middlesex County that is served by New London County Child Welfare Service.

TABLE VIII

REQUESTS MADE AT INTAKE IN CASES OF SERVICE TO CHILDREN IN
OWN OR RELATIVE HOMES

SERVICE REQUESTS	TOTAL
For help with personal inter-relationships	<u>39</u>
In Marriage	
Marital Problems	5
Alcoholic Partner	1
Inadequate support	3
In Parent-Child Relationships	
Neglect of Children	3
Behavior of Children	8
Health of Children	11
Planning for Children	8
To supervise children in relative homes	<u>3</u>
To supervise children in own homes	<u>6</u>
Grand Total	<u>48</u>

Casework with people who need help with marital problems is one of the most difficult and complex tasks faced by most casework agencies. The personality traits which contribute to marital conflict are usually so deep-seated and of such long duration that the most skilled casework is needed to bring about any improvement. The fact that children are caught in their parents' unhappy marriage and may be helped either directly or indirectly through casework is a reason for such services to people being offered by an agency whose primary purpose is to promote the welfare of children. Four cases are presented where the presenting problem was a marital one.

Case A

The Howe case was referred by the prosecuting attorney of the town in which they live because the couple were having marital difficulties and he felt they were in need of casework services rather than court action. The couple had one daughter living at home who was ambitious and doing outstanding work in high school in spite of the friction in the home. Study indicated that Mrs. Howe was an anxious, nagging, suspicious person and Mr. Howe an irresponsible husband who indulged in occasional affairs with other women and was more interested in an invention on which he was working than he was in his job. Mrs. Howe talked of separation, but it was apparent that she would not be able to take the step. After an exploration period, the worker was able to focus more on work with the adolescent daughter whose loyalties were divided between her parents. Mrs. Howe responded somewhat to the interest and help of the worker by gradual lessening of her difficulties in getting along with people, and Mr. Howe was able to recognize his daughter's need to have him give her more time and attention.

This case presented a long-standing and deep-seated marital problem, and while both parents were superficially

receptive to casework services, neither was ready to accept much responsibility for need to change. To focus on helping the child who was caught in this situation offered the most hopeful and constructive method of help. It is to be hoped that this neurotic mother, whose preoccupation with illness, financial worry, and suspicion of people, particularly her husband, may later be able to form a sufficiently strong relationship with the worker to be referred for psychiatric help. At the time of this study, this case was still active and the casework with the girl made it possible for her to discuss her feelings in this situation and to move ahead in planning for employment possibilities for the summer, and further education.

Case B

A prosecuting attorney for a town court referred Mrs. Medina because she was overwrought and nervous following the desertion of her husband, and seemed to be more in need of casework than legal advice. The attorney was reluctant to prosecute the husband without further knowledge of the family for fear this might break up the family entirely.

Mrs. Medina was an attractive woman in her early forties who had a five-year-old daughter, the only living child of this marriage. Mrs. Medina was in an acute anxiety state, greatly concerned about being left without financial support and about her own physical condition. There was reality in her anxiety about her problems, particularly around her health, as she had recently had surgical and X-ray treatment for a malignant growth. In spite of Mr. Medina's previous desertions and his apparently cruel and abusive behavior, it was evident that Mrs. Medina still cared for him. She was unable to appeal to Mr. Medina's family for help, as they had always protected him and had disapproved of the marriage. Mrs. Medina had considerable

guilt about the fact that this was a forced marriage, and because she had previously been married and divorced. From Mrs. Medina's account, it appeared that Mr. Medina was a sadistic person, who resented being married to a woman older than himself. He frequently reminded her that she had cancer and could not live long, had told the little girl that he was going to get her a prettier mother, and had beaten Mrs. Medina on one occasion when she was pregnant, after which she miscarried.

Mrs. Medina was helped to get temporary financial assistance from the town, and by enlisting the cooperation of the Housing Project to delay eviction. Conference with her doctor had indicated that Mrs. Medina might be able to secure employment at light work. For a time she was too immobilized by her fear and anxiety to make any effort, but gradually became able to explore the possibility and to accept the fact that she would have to make a life for herself and her child. She filed a complaint of non-support against her husband in order to secure financial assistance and with the plan of becoming eligible for Aid to Dependent Children. Mr. Medina could not be located, and both Mrs. Medina and the police were inclined to believe he had gone to France, as there was indication that he had become involved with a girl when he was stationed in that country during the war. Mrs. Medina had seen letters which led her to believe that he was the father of a child born to this girl.

Mrs. Medina made application for Aid to Dependent Children, and began to verbalize that she did not wish her husband to return. She felt that she had always hoped that his behavior toward her would change, but was beginning to realize that this was unlikely, and that the child showed evidence of being less nervous and anxious since he had left. It was planned to continue contact with her on a cooperative basis with the worker for Aid to Dependent Children.

Through a casework relationship, Mrs. Medina was given reassurance about her physical condition, and was helped to explore and clarify her feelings toward her husband. With a more realistic understanding of her marriage, she was able to move toward making plans for herself, to earn a little money by sewing for neighbors, and to continue under medical treatment. With Mrs. Medina's improved mental and physical condi-

tion and lessened anxiety, a real improvement was noted in the behavior of her child.

Case C

The Mackin family was referred by the local selectman. Mr. Mackin was employed in a city fifty miles away and rarely came home. There were six children, the oldest fourteen and the youngest a small baby. Mrs. Mackin was having a hard time managing on the money sent by her husband, and she was behind with her rent. There was some gossip in the small town about her relationship with her landlord, for which there did not seem to be any basis in reality. Mrs. Mackin was pleased that the selectman had suggested that the worker try to help her with her problems. She had used the local public health nursing services in connection with the care of the baby, and in sending two of the children to a free camp. Mrs. Mackin had been brought up in Vermont and would like to return there to be near her people, since she felt her husband was no longer interested in her or the children. She had been receiving twenty-five dollars a week from him, following a court order. She expressed fear of living alone, as the house is fairly isolated. The immediate problem with which she wanted help was in arranging for her fourteen-year-old daughter to return home. The girl had agreed to work for a woman in the town by the day, but had been prevailed upon to stay there, and Mrs. Mackin thought she was unhappy but afraid to incur the woman's wrath by leaving. Exploration confirmed Mrs. Mackin's feeling and the girl was helped to return home, but only after a stormy session between the worker and the employer who appeared to be an emotionally disturbed woman. It was the worker's feeling that the mother managed well with her limited income, and gave the children excellent care in spite of the physical inadequacies of the home. Efforts were made to have the mother receive Aid to Dependent Children, but the selectman felt strongly that the father should be made to support more adequately. Mrs. Mackin finally agreed to make a complaint of inadequate support in order to have a new court order placed on Mr. Mackin, but feared this would only make her husband give up his job. At the hearing it was shown that he could not contribute more, but he agreed to pay Mrs. Mackin's fare to Vermont. The selectman paid for a housekeeper during Mrs. Mackin's absence, and Mrs. Mackin was able to find a house near her family. She felt her family would be able to give her some help, living costs would be lower there, and that she could manage better on the limited support from her husband.

The worker was able to evaluate the strengths in this family, and to help the mother in concrete ways to move toward a better plan for the family, near the mother's people. The mother accepted the Agency's interest and help, and revealed strong dependency needs which may to some extent be met by her own family. It might have been valuable for the worker to have been more active in trying to contact the father in an effort to understand the cause of the marital difficulty, but since neither parent seemed to want to re-establish the marriage, it was probably too late for this to have been helpful.

Case D

Mrs. R. first contacted Child Welfare Services in June, 1947, about help in making plans for two motherless children whom she was boarding independently for the past three months. Mrs. R. expected to be hospitalized soon, and had been unable to get the father to apply to an agency. She reported that he paid their board but did not visit the children. Mrs. R. was referred to a child-placing agency. Two months later, Mrs. R. returned to report that these children had been placed by their father in the home of Mrs. R.'s mother. She was concerned about this and talked freely about her own unhappy childhood and her life before her marriage, and of having had a child born out-of-wedlock, who was given in adoption. Mrs. R. gave the impression of being limited intellectually, and showed inconsistency in handling her own two small children. There was considerable marital quarreling over the management of money, and at one point Mrs. R. decided to leave her husband and did, at one point, leave, and took the children to Boston where she hoped to obtain work. She returned the following day, however, and felt that her action had clarified things between herself and her husband.

This case was one in which focus of treatment was never clearly defined. The chief problem which emerged was

marital conflict, accompanied by the problem of health and training of the children. Actually, nothing was accomplished except to enlist Mrs. R.'s confidence to the point where she might be able to use help with the basic problem of marital conflict.

Neglect of children has long been regarded as the responsibility of the state or its authorized representative. Increasingly, emphasis has been placed on prevention of neglect through use of casework knowledge and techniques. There still remains, however, a group of children whose own families cannot provide for them the fair chance which is every child's rightful heritage. Case E is presented as an example of the Agency's efforts to work with such parents, where the problem was one of neglect, and of acceptance of the responsibility for planning for a child away from his own home.

Case E

The Cotter family was referred in 1942 by the probate judge of the town, as he had received a letter from Ruth Cotter, a sixteen-year-old girl who complained that the care of the home and of her two younger brothers since the mother's death was interfering with her high school work. She also stated that her father had tried to secure a housekeeper but could not because of his drinking. Contact with the local school indicated that they had concern about the fifteen-year-old brother who was retarded mentally, always tardy, and becoming a problem in the community due to lack of adequate home-life supervision. The youngest child, a boy of five, was cared for during the day by an aunt who lived next door.

Ruth, when seen, presented a picture of an unhappy immature adolescent who was struggling with a burden she

could not carry. A home visit was interpreted to the father on the basis of the Agency's interest in helping parents who were working, from the point of view of the care of children while the parent was out of the home. The home itself was in a rural area, and was poorly kept, meagerly equipped, and unattractive. The father expressed interest in having help in securing a housekeeper, but this plan did not seem promising due to the condition of the house, Mr. Cotter's poor judgment, and the difficult behavior of the youngest child who appeared retarded and completely unsocialized.

Within a few weeks, Ruth left the home and went to a maternal aunt following a quarrel with her fifteen-year-old brother, during which he threatened her with a hunting knife. The maternal aunt was willing to keep Ruth and the father was agreeable to this plan, but unwilling to consider foster care for the boys, as he felt that they had food and a house in which to live. He was finally able to accept the plan of full-time placement of the little boy with the aunt next door on a boarding basis. The father was able to accept the children's need of medical and dental care when it was pointed out to him, and to arrange for this care. Both Ruth and Ernest, the five-year-old, remained with their aunt for a period of three years, and the fifteen-year-old secured work in a defense plant. After a period of a year of contact with the children, during which time Ernest improved greatly, the Agency terminated contact, as the situation for the children seemed stable and good.

In 1946, the aunt who had cared for Ernest reported that she was no longer able to keep him, and conditions in the father's home were poor. Mr. Cotter was willing to consider foster home placement, but had been laid off and could not assume financial responsibility for such a plan. Before any plan could be made, the father took Ernest to Massachusetts, where he secured work, and wrote that he had secured a housekeeper. Mr. Cotter returned to his original home after several months, and the housekeeper and her young son had accompanied him. The home situation greatly improved, and Ernest made tremendous gains in health and in his school adjustment. This plan lasted a year, at the end of which the housekeeper left. There was some comment in the community about her relationship with Mr. Cotter, but it had, to all appearance, been a business arrangement, and certainly Ernest had responded well to her. During this period the case was again closed.

In March, 1948, the maternal aunt with whom Ruth lived again reported that Ernest was neglected and presented a pathetic appearance. He had ridden his bicycle five miles over the hilly roads to see if the Easter rabbit had visited

there. The aunt was greatly concerned about him, but felt that she could not offer him a home, as she was employed, and also because she felt the father would not agree to such a plan. Further exploration of the situation indicated that Mr. Cotter was working as a woodchopper and frequently left the home early in the morning and did not return until late at night. He refused to consider any other plan for Ernest, and felt the boy was now old enough to look after himself. Petition for commitment of Ernest as a neglected and uncared-for child was submitted to the Juvenile Court by the local selectman, as the father was unwilling and unable to provide adequate care. In the course of the court investigation, a plan was evolved whereby the maternal aunt agreed to give up her employment and take Ernest. This was made possible by securing Old-Age Assistance for her mother, who had been supported by the aunt's earnings, and by arranging for an Aid to Dependent Children allowance to be granted to the aunt to provide partial financial support for Ernest. At the court hearing, custody of the child was placed with the local selectman, and the father was urged to visit the boy. Ernest responded readily to the care and affection of his aunt and older sister, and there was every indication that he had at last found the security which he had so long missed.

This was a situation in which it finally became necessary to use the authority of the court to provide the security of family life for a child. Mr. Cotter's own life had been one of deprivation and poor home conditions, and without a wife, he was unable to provide adequate care, was unable to recognize the needs of his children and the standards of care acceptable to the community. In order to provide adequate care, it was necessary for the child to be removed from his parent through the efforts of the agency designated to carry this responsibility.

During the year under study, a total of eight cases appeared at the point of intake to present behavior problems of children as the major need for service. Casework was directed toward treatment of the emotional problems arising

from the parent-child relationship and resulting in behavior disorders in children. Two of these cases are presented in this study.

Case F

The local public health nurse referred the Steiger family to Child Welfare Services because of a recent crisis in which Bernard, seventeen-year-old boy in the family, had been involved, together with a younger boy from another family, in a sex episode during which the boys had attempted to assault a high-school girl. The referral indicated that the boy was rejected by his stepfather, who was alcoholic, and that the mother had expressed some concern about the behavior of the five younger children, particularly the twelve-year-old daughter. Because Bernard was over sixteen years of age, the Juvenile Court did not have jurisdiction, and he was bound over to Superior Court and had been excluded from high school. He was referred for psychiatric examination at the out-patient clinic of the nearby State Hospital, where it was found that he was not functioning at his maximum intellectual level due to anxiety, and a recommendation was made to the effect that he could benefit from psychotherapy and sex-education in relation to his behavior problem.

The mother was found to be protective toward the boy, and the worker's efforts were toward enabling the mother to free him more into activities that would be satisfying and to keep the boy in treatment at the clinic. As a result of the court hearing, Bernard was placed on probation for two years. Since the probation officer could not have a close contact with the boy due to the fact that this plan called for a bi-monthly reporting in a town twenty miles distant, the interests of a young assistant priest were enlisted, as the psychiatrist felt the boy needed a father figure, and this need could not be met by the stepfather, who totally rejected him. Bernard was encouraged to join a Senior Boy Scout Troop and to become a Junior National Guardsman.

The worker had several interviews with the twelve-year-old sister, as the mother felt unable to give her any sex information. This contact was superficial, as was the contact with the mother, who withdrew from treatment after a period of six months. Mrs. Steiger seemed to need to find release for her tension by securing employment, and to

resist further casework after the crisis concerning her son had subsided.

Considerable help was given this family around such concrete problems as environmental manipulation for the boy and sex information for the girl. The relationship with the mother was not of sufficient strength for her to continue to use help, although it did appear that she might have gained through it sufficient confidence to return to the Agency if pressures again became too great for her.

Case G

Ruth Ryan, a seventeen-year-old-girl, was referred by the Connecticut Board of Education for the Blind. This girl, as well as other members of her family, had been known to that Agency over a long period, due to seriously impaired vision of the father and two of the children. Ruth's unemployment and serious friction between the girl and her mother were the reasons for the girl's being referred. An older daughter in the family had been known to the police because of her behavior and had run away, and this had been upsetting both to Ruth and to the family and was felt to have affected the mother's handling of Ruth. The worker who referred the family discussed with the family the question of referral, and whether they wished the help of Child Welfare Services. The parents expressed their interest in talking with the worker, but it was later learned that Ruth had not been included in the making of this decision.

Mrs. Ryan was a tense, emotional person with many health problems and a need to drive herself beyond her physical capacity, as illustrated by the fact that she was boarding children to supplement her income. Ruth's initial resistance to the interest of the worker was met openly, and she was able to accept appointments for weekly interviews and to respond to the worker's interest in her. She had had difficulty in getting along with people in the community, in school, and in the various jobs she

had held. She had some understanding of the friction between herself and her mother, who nagged at her. She understood that her mother was nervous and worried because she did not know the older sister's whereabouts. She openly acknowledged her dislike for her sister and her bitterness against her for subjecting the family to community criticism. Later, during the contact, she was able to recognize that part of her difficulty in getting along with people was due to her sarcasm, and that she used this as a defense because she feared people did not like her. Ruth was helped to mobilize her efforts to get employment, and continued to use the worker to discuss her social activities and her ambitions.

The worker also directed her efforts toward having the foster children removed from the home and helping Mrs. Ryan to accept this in view of her poor health. When the family received a letter from the missing daughter, who wanted to return home from a western state, help was given to arrange this by contacting an agency in the city where the girl was living. Ruth was able to accept her sister's return on the basis of the lessened anxiety and tension it would bring to her mother. She also indicated some understanding and sympathy toward the difficult time the sister had had.

The matter of referral of this family was handled well with the family, but the adolescent girl was not allowed by the family to participate. She was, however, able to use a casework relationship and has continued to have contact with the worker for a period of two years. This was a case in which there was a multiplicity of problems which were confusing to the worker. It was unfortunate that when the older sister returned and requested help in working out her problem, there was no other worker to whom she could be referred. It seems apparent that Ruth really needed a worker of her own, and could have benefited from more intensive treatment in working out her relationship with her mother. This is a very real

problem in rural communities where one worker must carry all of the cases, and pressure of a large caseload prevents a sufficiently close contact to carry on treatment on an intensive level.

Five cases where the presenting problem was a health situation, but where the emotional and social factors were contributing problems, are presented in this study. The close working relationship between Child Welfare Services and the Division of Crippled Children and the Maternal and Child Health Nurses results in many such cases being brought to the attention of the Child Welfare Services workers. Since all three of these services to children are made possible through the use of Federal funds administered through the United States Children's Bureau, it is sound practice for them to function on a basis of close cooperation. The referral of families to the proper health resources and the understanding of the relationship between physical and emotional problems were the concern of Child Welfare Services.

Case H

The DeWitt case was referred by the Division of Crippled Children for help in planning medical care for a week-old baby who had a bilateral cleft-palate and hare-lip. It was the impression of the referring agency that the parents were resistive to the attending physician's recommendation for surgery. This was the first child born to the DeWitts, a couple in their early forties, and of limited financial means. They were greatly disturbed about the baby's condition, needed help in under-

standing what was involved, and arranging for special surgery and treatment. They had always managed to get along on Mr. DeWitt's earnings as a fisherman, and were reluctant to apply for financial assistance from the town. It was learned that Mr. DeWitt was a veteran, and he was helped to accept assistance from the Soldiers', Sailors', and Marine Fund on the basis that he was particularly entitled to this kind of help and in view of the fact that most families of modest income are unable to carry long and expensive medical treatment of this nature.

The parents were given help in understanding the stages of surgery and the resources for securing treatment. They expressed considerable guilt about the baby's condition and were given reassurance and help with their feelings. It was apparent that the hospital had been very blunt in telling the parents of the baby's condition, and seeing the child had been a traumatic experience for them. The worker continued contact with the family following the initial surgery, helped to arrange for them to get the baby to the New Haven Hospital for clinic follow-up, and in discussing the special feeding procedures that were recommended.

This case was one of a medical problem which ordinarily would have been handled by the Division of Crippled Children, but because of temporary shortage of staff and funds of that Agency, and the immediate pressures of the problem, it was accepted by Child Welfare Services. A close working relationship between these two agencies made the ultimate plan of transfer of the case back to the Division of Crippled Children possible, and helped the parents to get immediate care for the child.

Case I

Mrs. Sherman was referred by her doctor for help in planning for her nine-year-old daughter, who was suffering from rheumatic fever. The doctor felt that convalescent care was needed, as there were nine children in the family and the mother could not control Barbara, a boisterous, active, out-going child. Arrangements were made through

funds from the Division of Crippled Children for the child to be placed in the local hospital at the doctor's recommendation, and later transferred to the convalescent cottage of the Children's Center in New Haven. During the child's stay in the local hospital, the worker visited her several times and talked with her about the program at the convalescent cottage, and she seemed able to accept the fact that she would need to stay there for some time. Barbara adjusted quite readily to the institutional experience and the tutoring program, and was visited regularly by her parents and occasionally by the Child Welfare Services worker.

It was learned during an early interview that this family was also known to the State Bureau of Mental Hygiene because of serious behavior symptoms of another child in the family. This child, a boy a little younger than Barbara, refused to attend school and had the habit of banging his head severely, especially at night. It had been the recommendation of the psychiatrist at the Bureau of Mental Hygiene that he be placed in a psychiatric study home, and plans were delayed because space was not available for him. Mrs. Sherman was felt to be a mother who managed well on her husband's limited earnings, and to have considerable warmth for her children. It had been agreed that during the period that the Bureau of Mental Hygiene was working with the family concerning Charles' behavior, Child Welfare Services would limit contact to problems and plans connected with Barbara's illness. It would seem important for the two agencies to further evaluate this plan in view of this mother's need for help with recurrent medical problems, behavior of the younger children which was being affected by Charles' actions, and the effect on the older children of an earlier experience of playing with matches, which resulted in the death of a baby in the family. This multiplicity of problems would seem to indicate that this family would need long-time supportive treatment for help in meeting recurrent crises, and in working with the parents toward a better awareness of the emotional factors.

Case J

Mr. and Mrs. Perrone were brought before the local Juvenile Court in 1940 on a charge of neglecting their eleven children. The father, a man of Italian birth, was alcoholic and had no steady employment, and the family were about to be evicted. The mother came of mixed Yankee and Irish background, and was hostile about criticism of the school and the community, who alternated about complaining about the behavior of the children and having concern

about the fact that they were left unsupervised while both parents frequented taverns. Their behavior was completely unacceptable to this small conservative community, and the children were ostracized by their schoolmates. It was the feeling of the Juvenile Court judge that there were many strengths in this family group, as evidenced by the mother's fierce determination to keep her children, and the strong feeling of loyalty and family solidarity of the children as observed by the school and the public health nurse.

Mrs. Perrone accepted the worker's interest with considerable resistance, but was aware of the authority of the court in requesting that she accept this supervision. Both parents had a great deal of pride, and found it very difficult to accept town relief during Mr. Perrone's unemployment. There was reality in their feeling that relief was given reluctantly, and it was learned that the reason behind the eviction of the family was the reluctance of the local Board of Education to pay school transportation for this large family of children. After a stormy period of living in the home of their maternal grandmother, a plan unacceptable to either family, the worker was able to locate a farm in the next county, for which the town of legal settlement agreed to be responsible for rent. Both parents were pleased to move into a large house on several acres of tillable land, despite the fact that it was isolated and there were no modern conveniences. Mr. Perrone facetiously accused the worker of getting him as far away from the tavern as possible. Mr. Perrone secured work cutting birch brush for a nearby birch mill, and the town selectman agreed to purchase for him a second-hand truck, which did a great deal to bolster Mr. Perrone's morale and to change his attitude that everyone was against him. The help of the County Farm Agent was enlisted to get seeds for the large garden and a loan for the purchase of a cow and other farm stock.

Mr. Perrone's employment was seasonal, and his alcoholic episodes continued to get him into trouble, resulting in several arrests. The children were well accepted in the small country school, and were able to earn money for clothing by working in their own garden, as well as on neighboring farms. During a period of the father's unemployment due to an injury, the mother discussed getting factory work, but was able to accept the fact that it would be better for the children for her to remain at home and accept relief. Mrs. Perrone, who had had a troubled childhood herself, and a poor relationship with her own mother, was able through this casework contact to have a relationship with a woman who was accepting, helpful, and non-punitive. She had a marked intuitive capacity for indi-

vidualizing her large family of children and holding them together as a family group in spite of the economic deprivation and the persistent alcoholic pattern of her husband. The worker saw this family almost every week for a period of three years, during which time they were able to establish themselves more adequately and to use community health and recreation resources. Mrs. Perrone had three more babies, all premature, and one with congenital blindness, and health problems were paramount in the family situation, which were largely referred to the community health nurse. The case was closed in 1943, with the departure of the worker from the Agency.

In 1948, the family was again referred by the school nurse at Mrs. Perrone's request. She wished help in deciding on institutional placement of the blind child, and also help with the housing situation, as the farm had been sold. The economic situation was better, as several of the older children were employed. This case continued to be active at the time of this study.

This was a situation in which a great deal of environmental manipulation and utilization of community resources were called into play in an effort to prevent the commitment of this large family of children. Considerable initial resistance was encountered, but this mother was able to use constructively the interest and help of the caseworker, both in solving her reality problems and in establishing a satisfactory relationship with another woman. The basic problems of alcoholism and marital friction were at best only slightly modified, but through the mother's ability to maintain a home, the children's loyalty to each other and to the mother, the family was strengthened and maintained. The family was able to manage without help for a period of several years, when a health problem with which they could not cope brought them to the Agency for help.

Case K

The Pastore family was referred in 1945 to Child Welfare Services by a neighbor in the housing project where they lived. This neighbor was a client of Child Welfare Services, who felt the home conditions were poor and the children were neglected. It was also reported that Constance, age four, who was home, had been sexually abused by an older man when the family had lived in a nearby town. From the Social Service Index, it was learned that the family had been known to the Division of Crippled Children. Conference with that Agency indicated that Constance had come to the clinic, where a diagnosis of cerebral palsy, with tightening of the heel cords and speech defect had been made. It was also learned from the public health nurse that the experience Constance had had was one of exhibitionism, not assault, and that while the children could not be considered neglected, the Division of Crippled Children felt that Child Welfare Services could be helpful to the mother in giving assistance on better planning and in stimulating her to getting both Constance and a younger brother to clinic regularly for physiotherapy.

Contact with the family during the next year was centered chiefly around the many health problems. It was felt that Mrs. Pastore was a warm, accepting mother who was not a good housekeeper, but gave her children affection and seemed happy in her marriage. Mr. Pastore was a steady worker, but the family had difficulty in managing to provide for six children on his limited earnings as a maintenance man in the housing project. His resistance to carrying out medical recommendations for night splints for Constance and special shoes for the little boy was overcome by encouraging him to accompany the children to the clinic in order to talk directly with the doctors.

Mrs. Pastore, a tuberculosis contact, was helped to use local resources to secure chest X-ray, and other resources were located for treatment of the baby who had chronic bronchitis. Camp experience was provided for the eight-year-old boy. For several months responsibility was taken by the worker for transporting Constance regularly to the Speech Clinic, and considerable improvement was noted, both in her speech and in her ability to get along with other children. The family then moved to Maine, where they had previously lived.

In June, 1948, the family had returned to the housing project and was again referred by the local visiting nurse because of limited financial resources and the orthopedic problems. Mrs. Pastore's health was poor, and she had

had another baby, which made it impossible for her to take the children regularly to the clinic for physiotherapy, and again the worker assumed this responsibility.

This was a family which would probably have been able to manage fairly adequately except for the overwhelming problems of illness. The father was helped to understand and accept the nature of the orthopedic problem, the methods of treatment, and the children were helped to a better adjustment to their limitations and in getting along with other children. The second contact was not sufficiently recorded to indicate whether there was an evaluation of the need for further casework, or whether at that point it might have been possible to explore the possibilities of securing the volunteer services of lay person to assume the responsibility for transportation to clinic.

Case L

The North family was referred by the Division of Crippled Children because of Douglas, age three, who had previously been under the care of the clinic for surgery for harelip and cleft-palate. Transportation to the clinic had been provided by the local public health nurse, who had expressed concern about the effects of the mother's rejection of this child. Recent examination had indicated that Douglas was malnourished, and that he was a responsive, attractive youngster. The local nurse felt that her suggestions regarding nutrition and the child's need for attention and affection had been resented by the parents. She also reported that the mother had been greatly worried during her recent pregnancy for fear the new baby would have a condition similar to Douglas.

The worker's first visit was interpreted to the mother on the basis of the interest of the Division of Crippled Children in Douglas. She raised questions about the speech training, which is a part of the clinic program, as

Douglas was retarded in his speech. The mother had had two years of nurses' training and seemed to respond to the worker's suggestion that her nursing experience would be of help to her in talking with the doctor and getting first-hand information about Douglas' condition. Mrs. North expressed some negative feeling about the amount of attention Douglas needed in comparison with the other five children, and the fact that he did not gain weight despite a good appetite.

The second visit to the home was met with a completely negative attitude by the mother. Mrs. North stated that she felt Douglas' speech was greatly improved, and she did not believe he had a cleft-palate. Mrs. North implied that her husband did not approve of the family's contact with the Agency. It was obvious that Mrs. North herself identified the worker with the local nurse, who had been quite active in her interest in the family and in making suggestions about the care and feeding of the children. It was also apparent that the worker's connection with a State agency was threatening to Mrs. North. Since it did not seem hopeful that Mrs. North's resistance could be overcome, and since the local nurse was planning to continue her contact, it was decided that Child Welfare Services would terminate the contact with the understanding that if the mother, at a later date, should desire help in connection with the children, she could feel free to get in touch with the Agency.

This was a case in which neither of the health agencies working with the family gave any prior interpretation of Child Welfare Services, and the parents were unable to use casework and had no wish to have this service. It might have been helpful if the mother's resistance had been explored and the respective roles of the health services and the casework services had been clarified.

Assistance to families who are in need of help in planning for the care of their children outside the own home for either a short or long-time period is one of the functions of the Agency. How the Agency gave this service is presented in five case histories.

Case M

Mrs. Patten was referred to Child Welfare Services by the local selectman to whom she had appealed for a foster home for her ten-year-old stepson. The boy's father had died two months previously, and the stepmother refused to assume any further responsibility. It was the feeling of the selectman, which was later borne out in the Child Welfare Services worker's contact with this woman, that she so completely rejected this child that commitment to the County Commissioners for long-time care was indicated. The request for immediate placement was based on the fact that the stepmother had made plans to leave the state, and felt that she could not delay these plans.

Some of the stepmother's feeling appeared to stem from the fact that the boy's own mother, who had remarried, was living in the community and had assumed no responsibility for her son. The own mother was contacted by the worker, and expressed the feeling that commitment was the best plan for the child, since her present husband would not tolerate any of her children in the home. She expressed a willingness to pay board for the child for a temporary period from her earnings as a waitress. She had actually had little contact with this child over a period of years, as she and her first husband had separated, and the boy had been placed in a foster home.

Neither the own mother nor the stepmother appeared to be able to meet this child's needs, either emotionally or in providing physical care. Arrangements were made for the boy to be boarded with a paternal relative pending commitment proceedings. During this period several interviews were had with him, and he expressed a desire to return to his former foster home. Since this home had offered to this child the only security he had ever known, and the foster mother had considerable warmth and understanding of his need to return to a familiar secure place, she agreed to take him, with custody and financial responsibility assumed by the County Commissioners.

This placement plan was discussed with the own mother, and she was encouraged to visit her son.

This was a situation in which rejection was so apparent that long-time foster care by a public agency seemed to be the only solution for this child. It is rightly the function of the public agency to provide the best possible

substitute for the child's own family when the own parent fails the child. In this case both the stepmother and the own mother were too emotionally involved in their own problems to be able to meet this child's needs. Through a relationship with the worker, this boy was better able to understand the reason for the court hearing, was given an opportunity to express his own feelings, and to participate in the plan for foster care. During the period covered by this study, it was the practice of the Child Welfare Services to terminate contact when children were committed, responsibility then being assumed by the Division of Child Welfare.

This case points up the weakness in such a division of function, since this child was in need of a continuing relationship with an adult person, and might well have continued to use the help of the Child Welfare Services worker in whom he had some feeling of confidence.

Another aspect of the Agency's services in assisting parents to plan to meet the needs of their children is shown in the work with parents of a physically handicapped infant.

Case N

The Holt family was referred by the local hospital for help in planning for their week-old baby whose medical diagnosis was Spina Bifoda. The attending physician felt that care in a hospital or institution would be needed for this child over a period of time, and that the family would be interested in having some help. Both Mr. and Mrs. Holt understood from the doctor the nature of the illness and the poor prognosis. This young couple had met and married

during the war and had one older child, a healthy normal boy of three. Mr. Holt gave the impression of having a variety of interests and hobbies, but was somewhat unsettled as to the type of work he expected to follow. He was employed as a caretaker at the Connecticut State Farm for Women, but this was a temporary job and did not pay well. The parents fully accepted the need for institutional care, both on the basis of the baby's need for nursery care, and because of the effect on the little boy if the mother were to undertake care of the baby at that time.

They were almost stoical in their attitude, but were gradually able to talk of their grief and disappointment, their planning and desire to have a little girl, and their fears about having another child.

Since special study and research on cases of Spina Bifida were being carried on at the New Haven Hospital, it was possible for arrangements to be made for the baby to be admitted there with financial expenses for hospitalization assumed by the Division of Crippled Children. After several months there, it was found that surgery was not indicated, and recommendation made that the baby be placed in a children's institution for chronic cases. The parents were helped to plan for this, help was given in the involved procedure of securing financial assistance from the town of legal residence to meet this expense, and help was also given the parents with the problem of how they would tell the little boy of the baby's illness, and later, when it occurred, of her death.

When Mrs. Holt again became pregnant, she was given reassurance and seemed less disturbed about the possibility of having another child with a physical defect. The case was closed when the family moved to another community, after eleven months of Agency contact.

The problem here was definitely focused on help in planning for a handicapped child and the parents' feeling about this. The worker's relationship with the mother was such that her guilt and concern about this child was lessened and she was able to handle wisely the questions of her other child concerning the baby. Concrete assistance in use of existing facilities was given, as well as help in the rather

complicated area of application for financial assistance. Observation was made that the family was not too wise or realistic in planning their income to good advantage, but since this did not appear to be a serious problem, nor one with which they wished help, it did not seem wise to focus on this problem.

Case O is another example of assistance given to parents in exploring plans for care for a child. Since the focus of treatment was shifted to the older child in the home whose behavior was affected by the parents' anxiety, this case might equally well have been classified as a behavior problem.

Case O

The Fowler family was referred by the Division of Crippled Children as the eight-month-old baby had suffered from birth injury which caused convulsive seizures. The child had been examined at New Haven Hospital, and it was felt that prognosis was poor, and it was therefore not a case that Division of Crippled Children could accept. The local public health nurse was concerned about the amount of care needed by the baby and the effect this was having on the mother's health. Mrs. Fowler expressed interest in securing temporary care for the baby, as her doctor had advised that she have complete rest, but she had a great deal of conflict about placement. This was the only child of this marriage, and there was an eleven-year-old child of Mrs. Fowler's previous marriage in the home. An effort was made to help the mother work through her guilt feelings and accept the reality of her own physical health. Information was given about the two institutions in the State which care for handicapped children, and later, when the family were able to accept placement, help was given by interpreting the situation to the local selectman, who agreed to supplement the cost of care, as the family could not assume the full amount. The family placed the baby, but were unable to continue with the plan and removed her after ten days.

When the mother's health again became a serious problem after several months of caring for the baby, the family were again given help in securing institutional care. This time the baby was placed for about six months before the family again tried having her at home, because they were dissatisfied with institutional care. It was apparent that these parents were so deeply involved emotionally that they could not use placement for the child, and they were deeply disturbed when the child died at eighteen months. The effect on the older child of their grief and their refusal to put away the baby's crib and carriage after her death were things the mother could discuss but could not deal with. After a continuing contact the mother began to complain of this child's behavior problems, and suggestion was made that she be referred to the Child Guidance Clinic. The mother at first accepted the suggestion, but her withdrawal before an appointment could be made would seem to indicate that this plan was too precipitate, and the feelings of both parents and child were not sufficiently explored.

The presenting problem in the case was a health problem of a child needing specialized care, but there also emerged the guilt feelings of the parents about placement, as well as a problem of parent-child relation with an older child. The recorded material would seem to indicate that a sufficiently good relationship between the worker and this child had been developed, that a period of direct work with the child would have been beneficial, rather than a precipitate attempt to refer her to a Child Guidance Clinic. This so threatened the mother that she withdrew from treatment.

Case P

The Cohanzie family was originally known to the Child Welfare Services in 1943 and was referred by the local police-woman from whom Mrs. Cohanzie had requested help in securing the return of her ten-year-old daughter, then staying with her maternal grandmother. Mrs. Cohanzie was a Polish girl who had one child by her first marriage, which had ended in divorce. She had worked and the child had been with maternal

relatives until the age of five years, when Mrs. Cohanzie was married to a young Jewish man. At the time of the referral there were three small children of this union. She pictured Mr. Cohanzie as being a hard-working earnest man who was very strict and rigid in his handling of the children. This seemed to be borne out in the interviews with him, but he was able to modify his behavior somewhat toward the children but not toward his wife, whom he felt to be totally incompetent in the area of handling money. He expressed real affection for his wife and his appreciation that she gave excellent care to the children and the home. His ten-year-old stepdaughter did not like him, and had been sent to her maternal grandmother following a quarrel between Mr. and Mrs. Cohanzie about a discipline problem. Mrs. Cohanzie's family freely expressed the opinion that she should leave Mr. Cohanzie because of his parsimonious attitude, but Mrs. Cohanzie stated that she was still in love with him and was willing to live as he wished. After several months, during which maternal relatives and the stepdaughter were seen, plans were made for the child's return, with her cooperation as well as that of the relatives, and after a brief period the case was closed, as things seemed to be going well in the home.

In 1944 the case was reopened on Mr. Cohanzie's application, who feared that his wife was becoming mentally ill. She was very depressed, threatened to leave him, and when angry would hide his clothing and tell neighbors that he failed to provide food for them. Mrs. Cohanzie accepted an appointment at a psychiatric clinic because she recognized that she was tense and nervous, and attributed her depression to her menstrual periods. Mr. and Mrs. Cohanzie were each seen for one interview by the psychiatrist, who felt that Mrs. Cohanzie was a woman of marked sensitivity, poor judgment, and an immature demanding attitude. He felt it was not unusual for such morbidly sensitive people to develop a paranoid psychosis, and gave Mr. Cohanzie help in understanding his wife's personality. As Mr. Cohanzie seemed to be able to meet some of Mrs. Cohanzie's demands and to understand her needs, the case was closed after several months.

In 1947 Mrs. Cohanzie reapplied. She requested that an appointment be made for her to see a psychiatrist, as she feared she was losing her mind. She felt her husband had changed completely in his attitude, was abusive to her, and, in direct contrast to his former behavior, was showing great favoritism to his stepdaughter. She was suspicious of the time and attention he now devoted to this child. Mrs. Cohanzie was referred for psychiatric treatment at her own request, and following a suicidal attempt, was hospitalized on a temporary commitment. After her discharge, the worker gave

intensive casework help, and the cooperation of both parents was secured in arranging for boarding school care for the daughter, who seemed to be the main case of marital friction, and who was suffering the effects of this; also, because there was real question about her relationship with her stepfather.

This was a situation where a child was caught in the serious emotional conflict of her parents. The worker's efforts were directed toward securing the parents' consent to placement in a neutral environment, and keeping the mother in psychiatric treatment.

Case Q

Mrs. Dayton was referred by the local family agency which provides intake service for the day nursery. Mrs. Dayton wished help in exploring the possibility of foster day care for her two youngest children, ages two and four. She lived outside the area served by the day nursery. Mrs. Dayton decided after several interviews that it was advisable for her to stay home and try to manage on her husband's earnings. The worker and the mother had failed to find any suitable home to provide day care. The worker felt that there was not a very close relationship between these parents, and also that the housekeeping was poor and the children showed evidence of lack of training. The oldest daughter, a freshman in high school, indicated some concern about the appearance of the home, and expressed interest in preparing to become a teacher. She was later having difficulty with her school work, and it was not known whether the home situation had any connection with this. The mother had asthmatic attacks which she herself thought were brought on by worry and nervousness. At one point the family contemplated moving to New Hampshire and discussed the possibility of a school working home for the oldest girl in the New London area. The family did not move, and were not seen for a period of two months, when it was learned that Mrs. Dayton had returned to work and had a woman working in her home. As Mrs. Dayton did not respond to a letter and had worked out her original problem, the case was closed after a contact over a period of nine months.

This was a case in which such a diffusion and multi-

plicity of problems was evident that it was difficult to focus treatment. Resources are available for aptitude testing and vocational counselling for adolescents, but were not used. The mother's health problem, the poor housekeeping and behavior of the children, as well as some evidence of marital tension, were all observed as contributing factors to the family situation. It seems probable that both the worker's unsureness of how to focus treatment and the pressures of a high caseload resulted in little being accomplished except to establish a relationship which the mother may feel free to use in the future if some problem arises with which she wants help.

Supervision of children in their own homes, where there is question regarding the adequacy of the parents to care for their children, is a service expected of the Agency by the community. As caseworkers, we have learned that children can tolerate physical deprivation if their affectional needs are met and they derive a certain security from being a part of family life. It is a necessary and important part of the Child Welfare worker's job to be able to evaluate the strengths as well as the weaknesses in a family group, and if need be, to act as a buffer between the family and the community, which may see only the physical condition of the home.

Parents who have themselves had emotionally deprived lives are often limited in their capacity to give their chil-

dren the love and care they need. They are immature dependent individuals who have never really learned to give love. Through the understanding and support of a casework relationship, they may be helped toward a better understanding of their children's needs. These parents can benefit from a sustained relationship to help in meeting the crises and day-by-day problems they encounter. They are the persons to whom the Agency must offer the service which Lucille N. Austin describes as supportive treatment. They need help in maintaining their precarious status quo and in preserving the positive elements which they have as a family group. Increasingly, Child Welfare Services workers are recognizing and accepting the responsibility for giving this long-time supportive service to families as a part of the Public Child Welfare Program.

Three case histories are presented as representing supervision of children in their own homes where the Agency accepted responsibility for service over a long period.

Case R

Mrs. Draper, a young woman twenty-five years old, was referred by a former employer who expressed concern about Mrs. Draper's living arrangements and the care of her one-year-old baby. It was learned that Mrs. Draper and a younger sister had been committed to a County Home in Connecticut following the death of their mother. From the age of ten, Mrs. Draper had lived either in foster homes or in the County Home. She was of borderline intelligence, untruthful and unstable, but with a friendly outgoing personality and a great need for affection and attention. Within a year after leaving the care of the County

Home, she gave birth to a child out-of-wedlock and was placed in a maternity home at that time. Plans for her to be referred for psychiatric treatment were not realized at that time, as she became involved in a situation which led to her commitment to the State Farm for Women, and her child was committed to the Commissioner of Welfare. Following her parole, she married Mr. Draper, who was a man of limited intelligence and who had a long record of delinquency.

At the time of the referral to Child Welfare Services, Mr. Draper was serving a jail term and Mrs. Draper was living with her husband's father and grandmother. Although living conditions were poor, Mrs. Draper gave her child good physical care and a great deal of affection. She was bitter about the commitment of her first child and distrustful of contact with any social agency because of her fear that the second child might be removed from her. She received a limited amount of relief from the town which, together with the Old Age Assistance allowance of Mr. Draper's grandmother, comprised the family income. Her relationship with Mr. Draper's father was subject to community speculation and criticism, and the grandmother appeared to be a stabilizing influence in the family group.

Casework efforts were directed toward getting Mrs. Draper under medical care, as she was pregnant and suffering from a severe *Trichomona* infection. She cooperated in carrying out medical treatment and gave birth to a healthy baby girl. Efforts to secure psychiatric diagnosis of Mr. Draper while he was in jail were not successful due to lack of facilities for this service. The interest of Mrs. Draper's younger sister, a more stable person than Mrs. Draper, was enlisted and she and her husband offered financial assistance to help Mrs. Draper establish a home for herself and the children, with the ultimate plan of support from Aid to Dependent Children. Mrs. Draper, however, was ambivalent in her feelings toward her husband and was unable to move ahead on this plan. The case was still active in 1948.

Casework with this girl of limited intelligence, who had been deprived of the normal emotional satisfaction of family life, would seem to require a high degree of professional skill and treatment on a long-time basis. The strength in the situation lies in Mrs. Draper's real warmth and affection for her children, and her desire to avoid separation from them and a repetition of her own childhood

experience. The efforts of the worker toward environmental manipulation may have served to a degree to preserve family life for these children. To what extent Mrs. Draper can be helped to understand her own behavior in the light of her past experiences, and to hold to a more constructive plan for herself and the children, is problematical in view of the limitations of the service offered, both quantitatively and qualitatively. The case was still active at the end of the year.

Case S

Mr. and Mrs. Jackson had been known to Child Welfare Services since 1940, as they had been licensed to give foster care to two children on a free basis. Both of these children, who were not related, had been deserted by their own parents and had been in the Jackson home since infancy. The Jacksons, a childless couple, had offered them a modest home and a great deal of warmth and security. The older child had married and had continued to make her home with the Jacksons when her husband served in the Armed Forces, and the Jacksons had adopted the younger child.

Mr. Jackson was referred to Child Welfare Services in 1948 by the Aid to Dependent Children worker, who reported that Mrs. Jackson had died the previous year and Mr. Jackson was physically incapacitated due to a serious heart condition and was receiving an Aid to Dependent Children allowance for the nine-year-old adopted son. Future planning for the boy's care seemed indicated, as well as efforts to help Mr. Jackson permit the boy to have more normal play activities. It was the Aid to Dependent Children worker's impression that the boy was over-protected and was being smothered with affection by Mr. Jackson. Interpretation of Child Welfare Services was given by the Aid to Dependent Children worker on the basis of Mr. Jackson's responsibilities in caring for his motherless son, and he seemed eager to share his concern about the boy.

He was able to accept the worker's suggestion that James have a bedroom of his own rather than share one with

Mr. Jackson, and to stimulate his housekeeper to improve the general appearance of his house. He was not able to permit the boy to have a camp experience at that point, but had some recognition of the need for play with other children. The situation was further improved by the return to the community of Mr. Jackson's foster daughter, who took considerable interest in the family and on whose judgment Mr. Jackson seemed to rely. It was the worker's objective to establish a relationship with the child and with his foster sister which would be of help in future planning for the child, and would sustain him through the traumatic experience of losing his father in the not-too-distant future.

The methods of treatment in this care were the amelioration of environmental factors for the child, together with the modification of the father's attitude, in order to help the child to a more normal degree of independence. Mr. Jackson, overwhelmed by grief at his wife's death and by his own illness and dependency, appeared to be able to displace some of his deep dependency needs onto the worker, making for a healthier relationship between himself and his son.

Case T

Raymond Brennan, a fifteen-year-old boy, was referred to Child Welfare Services by the New England Home for Little Wanderers of Pittsfield. His parents were residents of New London County, but Raymond had left home following a quarrel with his father three months earlier and had gone to an older brother in Pittsfield. While there he had lived in a foster home, and Little Wanderers Home was requested to determine the advisability of his return to his own home. A home visit was made within a week, but Raymond had already returned, having telephoned his mother to learn if he would be welcome. Raymond was the youngest of four boys, all of whom had a poor relationship with the father. Mr. Brennan, although a steady worker, drank considerably and was ugly and abusive when drinking. The relationship between Raymond and his mother appeared to be

one of affection and understanding. Each of the older boys had left home at an early age, and Raymond admired and identified with them. Because of Raymond's dislike for school he was seen twice at the State Bureau of Mental Hygiene for vocational aptitude testing. The psychiatric interview indicated that the boy had a warm attachment to his mother and a realistic rejection of his father. On the whole, his adjustment to the home was felt to be good, and he was not in need of psychiatric treatment. The clinic recommended that Child Welfare Services maintain a contact with the mother who needed help in accepting Raymond as an adolescent. Raymond was found to be of normal intelligence, with good mechanical aptitude. The possibilities of entering Trade School were discussed with him, but he decided instead to attend the local Technical High School.

Mrs. Brennan was helped through the casework relationship to have more tolerance for Raymond's moodiness and occasional rebellious behavior. Raymond's interests seemed to be those of hunting, fishing, and overnight camping, and were the usual activities of an adolescent boy in a rural community. He was energetic about securing seasonal work on nearby farms during school vacations. This case was still active at the close of the period covered by this study, and it was planned to continue with the mother on a supportive level.

After a diagnostic study, through the use of psychiatric and psychological services, for the purpose of evaluating this adolescent boy's abilities and his relationship with his parents, focus of treatment was shifted to the mother. It was felt that she was capable of offering security and affection to her son, but was inconsistent in her handling of him because of her anxiety, the marital problem, and her conflicting feelings toward her husband and her son.

Child Welfare Services, as a public agency giving casework service to children, is the agency to whom other Public Welfare Departments turn for an evaluation of plans for the care of children by relatives in Connecticut.

Case U shows the service the Agency gives for planning for such children, and the responsibility for supervision following placement.

Case U

Gladys Terhune was referred in 1946 when a request was received from an agency in a Southern state to study the application of Mrs. W. to have her ten-year-old sister Gladys placed in the home. The child had been cared for in an institution since the death of her father several years earlier. It was learned that at the same time a similar request had been made that a worker from Long Lane School of Girls, a Connecticut State institution, approve the home for placement to another sister of Mrs. W. who had been placed in a State Training School in the South. After conference between Child Welfare Services and the worker from Long Lane School, it was agreed that the latter Agency make the investigation of the W. home, and that Child Welfare Services would supervise the home for a period after the arrival of the two girls. Mrs. W. and her husband appeared to have considerable understanding and warmth and affection to offer the girls, and their initial adjustment was good.

Assistance was given in plans for participation in club and community activities, for camp for the ten-year-old girl, and in vocational counselling for the sixteen-year-old girl. As the girls appeared to be happy and well-adjusted, the case was closed a little more than a year after the girls came to Connecticut.

Early in 1948, Mr. W. reported that his wife had left and gone South, taking the two small W. children and Gladys. The older sister, who had married and was living nearby, was quite disturbed about the situation and indicated that there had been marital friction in the W. home for some time. Mrs. W. had lived much of her childhood in an institution, and had married Mr. W. after a very short acquaintance. She professed to have fallen in love with another man, but returned to her husband after a brief period. The marital problems continued, and the worker's contact with the family was intermittent and chiefly concerned with discussion of whether other plans for Gladys' care should be contemplated. After about six months, Mrs. W. again took her children and Gladys South to live with relatives.

This case was largely focused on fulfilling certain

Agency requirements for investigation of prospective relative home and the use of community resources for the children placed there. That this was helpful seems indicated by the adjustment these girls made in a new community and to the schools. It would appear that although the worker's interest was accepted by the family, it was largely in terms of their acceptance of her as being invested with authority to make and approve plans for the children. The real area of difficulty was in the marital relationship, and treatment was not focused to help with this problem. It is apparent that this was a difficult and involved situation and that Mrs. W.'s emotional instability was of a serious nature, but it is possible that had the relationship with the worker been stronger and diagnosis more skillful, this couple might have been able to use help with the marital problem, and the welfare of the children better served.

This chapter has been an attempt to study the casework service offered to children in own or relative homes through the presentation of twenty-one case histories. The function of the Agency is to attempt to meet the needs of children, and these cases are representative of how service to children is provided through casework with parents. The complexity of the cases makes classification into areas of service difficult and misleading, but is attempted in an effort to analyze the service given. Each case presents many problems and combinations of casework tools and techniques.

The case material was selected to study representative areas of service within three major areas of service. Problems of personal inter-relationship comprise seventeen of the cases presented. In the first four cases of the first category, the problem affecting children was separation of parents or marital difficulty. In two of these cases help was given to mothers in adjusting to their status and moving ahead to plan constructively for themselves and their children. In one case both parents were seen in a neutral environment. The marriage appeared to meet their neurotic needs, and treatment was refocused to help an adolescent daughter to understand her parents and to verbalize her feelings. In the fourth case, treatment was never actually focused.

One case was presented where the problem was one of neglect and the authority of the Juvenile Court was utilized, as well as the resource of Aid to Dependent Children in making a plan for a child.

Two cases of behavior problems of adolescents were given, where the basic problem was a poor relationship between parent and child. An adolescent girl was helped to understand some of her own personality problems, as well as to see some of the pressures which contributed to her mother's attitude. An adolescent boy, suffering the effects of maternal over-protection and paternal rejection, was helped to accept psychiatric treatment and to direct

his interests into healthier channels.

Five cases were studied where the major area of service was directed toward meeting the health needs of children through specialized health services, and interpretation of the health problems to parents.

Five cases were presented where the major service was to assist parents in planning for their children when care outside the family group was indicated or had been requested.

The remaining four cases represented the Agency's responsibility for supervision of children in their own or relative homes. The goal of treatment was to strengthen and maintain the child's own home. Help was given to provide more normal outlets for a motherless child who was being smothered with affection by an ill and dependent father. An adolescent boy was helped by means of psychiatric diagnostic study and vocational aptitude testing. His mother, conflicted in her feelings toward her son and her husband, was helped to accept the normal behavior of adolescence. An immature, emotionally-deprived mother was given encouragement to move toward a more adequate and realistic effort to care for her children through use of health resources, exploration of financial resources, and the enlistment of help from a relative.

In the last case, an orphaned child was helped to have experience of living outside the institution in which

she had spent several years, and to establish contact with her older sisters.

Casework service to these children and to their parents or relatives was based on an understanding of emotional factors and the dynamics of behavior. Service was given through the casework relationship and through the use of many resources. The funds of the Agency were used entirely to give casework service in accordance with the policy of the United States Children's Bureau. The goal of the service given was to help in meeting the needs of children and to help children toward a better adjustment in family life, in school, and in the community.

CHAPTER V

SUMMARY AND CONCLUSIONS

The history of public responsibility for the needs of children in Connecticut has been traced from the early Colonial days to the present. Such responsibility follows the pattern of care through indenture, almshouse care, the development of private institutions, and County Homes for children. The method of County Home care, which has continued to the present day, is in operation in only two states, Connecticut and Ohio. With the growing emphasis on foster home care, the recent trend in Connecticut has been to convert most of the County Homes into small reception cottages for temporary care. In only two counties are large congregate institutions still operating.

As far back as 1921, a Legislative Commission, in a study of neglected and uncared-for children in Connecticut, pointed out the need to get at the source of the problem of neglect through rehabilitation of the child's own home wherever possible. It was not until the passage of the Social Security Act that there was evidenced a philosophy of the right of every person to public social service, wherever and whenever such service was needed. Through the use of Federal funds, it became possible for Connecticut to move beyond its traditional responsibility for care of ne-

glected children to the area of prevention of social breakdown through casework service to children in their own homes.

The writer has attempted in this study to indicate how these services are given, what requests are made, and by whom they are made. The analysis of intake reported in Chapter III shows that the largest number of requests were for help with personal inter-relationships. That this was true is an indication that the community sees the Agency as a source of help in solving problems which affect family life and the well-being of children. The study reveals that families are coming to the Agency with the type of problems about which professional caseworkers in a public agency are expected to be helpful.

Study of the case records indicates that service was given with a warmth and acceptance of the importance of the individual, and in a spirit of helpfulness. There is evidenced on the part of the staff a sound knowledge of community resources and skill in the use of them. The casework techniques of environmental manipulation and education which are basic tools of casework are well understood and used. Requests involving tangible services, such as assistance in meeting health needs and planning for specialized care of children, which form a major part of the Agency's service, are well handled. It is usually a tangible problem that brings the client to the Agency, and casework treatment is primarily concerned with reality problems. There is indi-

cation in the case material studied that the Child Welfare Services workers have some understanding of the unconscious motives underlying the problem, and a recognition of the reality limitations both of the service and of their own skill in this area.

However, if the Agency is to continue to grow and to operate as a basic service to children, there is need to accept the responsibility both to expand the service and to employ workers equipped with professional training. Resistance to service is a problem frequently met in an agency where the majority of families are referred by some person or agency in the community. To meet this problem, workers must have great skill, both in handling problems of personal relationship and in understanding and meeting the causes of resistance. The Agency should utilize to the fullest its existing educational leave program for professional training of its staff. It should also provide a sound a stimulating program of in-service training and staff development through the strengthening of supervision.

Study of the case material in which the focus of treatment was directed toward marital problems and problems of behavior of children indicates that psychiatric consultation would have been helpful both in diagnosis and treatment. Since there is no existing resource within the community to offer psychiatric consultation to the Child Welfare Services staff, it is planned to use Federal funds for Child Welfare

Services to purchase the services of a psychiatrist for this purpose.

Of the twenty-one towns in New London County, only thirteen used the services of the Agency. Analysis of the cases from the point of view of the residence of these families would indicate that the service is most freely used by communities located nearest the Agency office, and that further interpretation of the Agency's function should be given in the out-lying towns of the County. Since only two workers serve an entire County, and each is carrying a large case load, the extension of services to include additional communities would involve added staff. With increased staff it would be possible for the Agency to maintain office hours at certain times in several of the communities located some distance from New London.

The large number of agencies and individuals who refer cases to the Agency would indicate a wide acceptance of the Agency by the community. It is particularly interesting that of the total of two-hundred-and-five cases which came to the attention of the Agency during the year studied, thirty came of their own initiative for help through some previous knowledge of Child Welfare Services and its function.

A serious problem facing the Agency is the question of how a better integration of its services with those of the Division of Child Welfare and the Aid to Dependent Chil-

dren can be achieved. Freer use of Child Welfare Services by the Juvenile Court for those families who might be helped by casework is recommended. It would seem to be sound practice for Child Welfare Services to continue to work with children who need commitment and foster home placement, and who have had a good relationship with the Child Welfare Services worker, and to be placed and supervised by that worker, rather than transferred to Division of Child Welfare worker as was the practice at the time of this study.

Little has been written directly in this thesis regarding the responsibility of the Agency for interpretation of the needs of children to the community. Like a clear and distinct thread running through the fabric of the casework presented for study, the problems encountered by families in their daily lives were interpreted and discussed with local officials, attorneys, doctors, teachers, and foster parents. The tradition of local responsibility is strong in Connecticut and the acceptance of Child Welfare Services in local communities is based on a constant awareness of the importance of keeping people alert to the needs of children and of what is happening to children in each community.

Approved,

A handwritten signature in dark ink, appearing to read "Richard K. Conant". The signature is fluid and cursive, with the first name "Richard" being more prominent.

Richard K. Conant
Dean

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